

Instructions for Completing Occupational License Application

For a NEW License for a COMMERCIAL BUSINESS, you need:

- 1) Completed Occupational License Application Form
 - 2) Articles of Incorporation and/or Fictitious Name Certificate (if applicable)
 - 3) Certificate of Insurance (not a binder) Must show City of Lauderhill as certificate holder
 - 4) Property lease or deed, as applicable
 - 5) Professional license (if applicable)
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For a NEW License for RENTAL PROPERTY, you need:

- 1) Completed Occupational License Application Form
 - 2) Copy of Deed or Closing Statement for Property
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For a NEW License for a RESTRICTED RESIDENTIAL BUSINESS, you need:

ALL of the items above for a Commercial Business PLUS a signed and notarized waiver form for fire inspections

For a TRANSFER of any EXISTING BUSINESS LICENSE, you need:

- 1) Bill of Sale, Settlement Statement, etc
 - 2) Certificate of Insurance (not a binder)
 - 3) Fictitious Name Certificate (if applicable)
 - 4) Articles of Incorporation (if applicable)
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For a CHANGE of BUSINESS NAME, you need:

- 1) Fictitious Name Certificate
 - 2) Certificate of Insurance, reflecting the new business name
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FEES are calculated based on the information provided on the application. However, the actual fee will be determined after Inspections and may differ based on the Inspectors' reports.

*****No Applications Accepted Without ALL Required Items*****

City of Lauderhill - Business License Application

2000 City Hall Drive – Lauderhill, Florida 33313 (954) 730-3066 or (954) 717-1510

Judith

Jim

Business Name: _____ Phone: _____

Business Address: _____ Suite: _____ Zip: _____

Mailing Address: _____ Suite: _____ Zip: _____

Corporate Name: _____

Corporate Address: _____ Zip: _____

Email Address: _____ Fax: _____

Website: _____ EIN: _____

Owner's Name: _____ SS# _____ Phone: _____

Owner's Address: _____ Zip: _____

Business Description _____

Ownership: Ind Part Corp Minority-Owned: Yes No Women-Owned: Yes No

Do you claim any exemption? Yes No If yes, include copy of certificate.

New License License Transfer Location Change

Square Footage: _____ Previous business at this location: _____

Maximum Inventory (Merchants License Only) – Retail \$ _____ Wholesale \$ _____

Number of Units (Ownership Lic Only) _____ Zoning: Commercial Rental ACLF

Number of Coin Operated Machines: _____ Type: _____ Coin Slot Price _____

Please list hazardous materials kept on premises _____

THIS IS NOT A LICENSE

I understand that I cannot operate a business until I have been issued a license. Also, I understand that a business license is subject to cancellation if local ordinances are violated.

Signature _____ Title _____ Date _____

For Office Use Only

Approvals: Zoning: _____ Date _____ Fire _____ Date _____

Classifications: _____

Licenses Fee: _____

Pen _____ PF _____ TF _____ SN _____ IF _____ Total _____

License Number _____ Processed By _____ Date _____

Note: Application is subject to approval by Zoning Department. You will be contacted to set up the required inspections. The Business License will not be issued until all inspections are completed. (Normally 5-10 days)

**LAUDERHILL FIRE & BUILDING DIVISION
OCCUPATIONAL LICENSE INSPECTION**

License Number_____

Date_____

Business Name_____

Address_____

Phone Number_____

Date of Request_____

AM. 9-12

PM. 1-3

DISCIPLINES

Fire

Electrical

Structural

Plumbing

Mechanical

Commercial Occupancies

Please indicate the square footage of your business and the number of the listed life safety systems

SQUARE FEET Minimum Fee \$106.00 for first 1000 square feet & \$3.00 for each 1000 square feet thereafter	
FIRE SPRINKLER \$75.00 for each Fire Sprinkler System	
SMOKE EVACUATION \$75.00 for each Smoke Evacuation System	
COMMERCIAL COOKING \$75.00 for each Fire Suppression System	
FIRE STANDPIPE \$75.00 for each Standpipe System	

Residential Occupancies

Please indicate the number of residential units and any of the listed fire life safety systems

NUMBER OF RESIDENTIAL UNITS Minimum Fee \$75.00 OR \$5.00 per unit, whichever is greater	
FIRE SPRINKLER \$75.00 for each Fire Sprinkler System	
SMOKE EVACUATION \$75.00 for each Smoke Evacuation System	
FIRE ALARM \$75.00 for each Fire Alarm System	
FIRE STANDPIPE \$75.00 for each Standpipe System	

Approved_____Int_____Holding_____Int_____

COMMENTS:

CERTIFICATE OF USE AFFIDAVIT

I _____ (Name of applicant), hereby certify,
swear, or affirm that the intended use for the business located at _____
_____ (Property address), for which I have sought an occupational license (Permit
number: _____), shall be limited for the purpose of _____

_____ (Intended use). Said business shall be limited
solely to the above-referenced use.

I hereby acknowledge that I will be required to reapply for a new occupational license if I
want to use the above-referenced business for any purpose other than the use indicated above.

I hereby acknowledge that any operation of this business for any purpose other than the
use indicated above is grounds for the immediate revocation of said occupational license as
authorized by _____ (Name of applicant).

(Signature of applicant)

(Print name and title)

(Date)

Witness:

(Signature)

(Print Name of Witness)

**LAUDERHILL FIRE RESCUE
FIRE OCCUPATIONAL LICENSE INFORMATION**

Date _____

Business Name _____

Address _____ Phone _____

Business Description _____

List hazardous materials _____

City Ordinance #6-11 (d) establishes the fees for annual fire safety inspections as described below.

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Please indicate the square footage of your business and the number of the listed life safety systems

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For City Use Only

Total Fire Fee: _____